

Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	<b>Effective Date: 03/02/2009</b> <b>Last Review Effective Date:</b> <b>02/11/2009</b>
SUBJECT: Quality Management	SECTION: QM 1.1

**SUBTITLE: CRSA Peer Review Process**

POLICY:

The Children's Rehabilitative Services Administration (CRSA) will conduct fair, impartial, and professional peer review of services provided to the Children's Rehabilitative Services (CRS) members by the CRS Contractor and its subcontractors.

DEFINITIONS:

Appealable Agency Action:

An action that determines the legal rights, duties, or privileges of a party (A.R.S. § 41-1092(3)).

Peer Review:

The evaluation of the necessity, quality, or utilization of care/service provided by a healthcare professional/provider or review of his/her credentials. Peer review is conducted by other healthcare professionals from the same discipline or with similar or essentially equal qualifications who are not in direct economic competition with the healthcare professional/provider under review. The process compares the healthcare professional's/provider's performance with that of peers or with community standards of care/service.

Provider:

A person or entity that subcontracts with CRSA, or its delegate, to provide Children's Rehabilitative Services covered services directly to members.

STANDARD:

- 1) Peer review is part of the Arizona Department of Health Services (ADHS), Office for Children with Special Health Care Needs (OCSHCN), CRSA, Quality Management/Performance Improvement (QM/PI) program.
  - a) The purpose of the peer review process is to improve the quality of medical care provided to members by providers.
  - b) The intention of the peer review process to assist in retention of professional providers who maintain high quality of care standards and who provide services to CRS members with consideration of a person's cultural customs, values, and beliefs.
  - c) The scope of peer review process includes cases where there is evidence of a quality deficiency in the care or service provided, or the omission of

- care or service, by a participating or nonparticipating healthcare professional/provider.
- d) The CRSA Peer Review Committee is a sub-committee of the Quality Management Committee.
- 2) CRSA Peer Review consists of review and evaluation of services provided to CRS members by the CRS Contractor and its subcontractors.
- 3) The CRSA Peer Review Committee evaluates cases referred to it for peer review. Matters appropriate for peer review include, but are not limited to:
- a) Questionable clinical decisions, lack of care, or abandonment;
  - b) Trends of over or under utilization of services;
  - c) Inappropriate interpersonal interactions;
  - d) Information resulting from fraud and abuse investigations by the Arizona Health Care Cost Containment System Administration (AHCCCSA) or ADHS;
  - e) Physical, psychological, or verbal abuse of a member, family, staff, or other;
  - f) Allegations of criminal or felonious actions related to practice;
  - g) Issues that immediately impact the member and that are life threatening or dangerous (quality of care issues assigned level three (3) or above) (See CRSA Policy and Procedure Manual GS 1.1, CRSA Non-quality of Care/Grievance Process);
  - h) Unanticipated death of a member;
  - i) Issues that have the potential for adverse outcome; or
  - j) Allegations from any source.
- 4) The CRSA Peer Review Committee consists of at least the following members, subject to the restrictions in Paragraph 5 below:
- a) The CRSA Medical Director (Chairperson).
  - b) The CRSA Division Chief for Quality Management.
  - c) A Provider with the same or similar specialty as the provider under review where a provider with the same or similar specialty is unavailable, the CRSA Medical Director shall select an external reviewer pursuant to Paragraph 6 of this policy.
  - d) Two Physicians from the community.
- 5) A CRSA Peer Review Committee member may not participate in peer review activities in which the member has a direct or indirect conflict of interest with the provider under review. Peer Review Committee membership shall minimally exclude the following:
- a) The CRS Contractor Medical Director;
  - b) The provider who is under review;
  - c) A provider from the practice of the reviewed provider;
  - d) A provider from the family of the reviewed provider;
  - e) A provider who may have a financial relationship with the reviewed provider;
  - f) A provider who is a competitor of the reviewed provider; or



- g) An employee of the facility where the matter under review took place.
- 6) The CRSA Medical Director may, at his/her discretion, send a case for review to an external reviewer who has entered into a contract with CRSA for the purpose of providing findings to the CRSA Peer Review Committee regarding the provider under review. The external reviewer must be of the same or similar specialty as the provider under review. The CRSA Peer Review Committee retains full and final authority to make recommendations based upon the information before it and its analysis of the findings of the external review.
- 7) The CRSA Peer Review Committee's peer review activities are confidential under Arizona law. All medical records and other information submitted as part of the CRSA peer review process are confidential to the extent permitted under A.R.S. § 36-445.01 and A.R.S. Title 36, Chapter 25, Article 1, and are available only to those involved with conducting the peer review investigation and to AHCCCS for purposes of quality management, monitoring, and oversight of compliance.

All information used in the peer review process shall be kept confidential and not be discussed outside of the peer review process. CRSA's peer review reports, meetings, minutes, documents, and recommendations shall be kept confidential except for purposes of implementing recommendations made by the Peer Review Committee.

At any CRSA Peer Review Committee, CRSA Executive Committee meeting, or CRSA Quality Management Committee (QMC) at which a Peer Review Recommendation Report is discussed, each member of the Committee shall sign a confidentiality and conflict of interest statement (see Attachment).

- 8) The CRSA Medical Director shall implement recommendations made by the CRSA Peer Review Committee. The CRSA Medical Director shall inform the CRSA Executive Committee and the CRSA Quality Management Committee of the recommendations; however, no other committee may modify the Peer Review Committee's recommendations based on any operational, financial, or other consideration.
- 9) The CRS Contractor shall implement recommendations made by the CRSA Peer Review Committee.
- 10) The CRSA QMC will, at least annually, evaluate, analyze, and trend peer review decisions.
- 11) Some CRSA Peer Review recommendations may be appealable agency actions under Arizona law. A provider may appeal such a decision through the administrative process described in A.R.S. § 41-1092, et seq.

## PROCEDURES:

- 1) Providers shall make application to the CRS Contractor to provide CRS services according to the recognized policies and procedures of the CRS Contractor under which the provider is approved for practice privileges.
  - a) The CRS Contractor is responsible for maintaining credentialing and staff privileges of CRS providers in accordance with the Contractor's policy.
  - b) The CRS Contractor Medical Director must notify the CRSA Medical Director immediately if a provider's privileges are restricted in any way.
- 2) The CRSA Peer Review Policy shall be included in the CRS Contractor's Provider Manual. Updates to the policy will be disseminated through various methods including the CRS Medical Directors' meetings.
- 3) Issues referred to the CRSA Peer Review Committee may arise from any of the following:
  - a) Notification by the CRS Contractor of a quality of care clinical concern that is assigned upon investigation by CRSA to be a level three (3) or higher quality of care concern. All unanticipated deaths of members will result in peer review.
  - b) Identification through the CRSA QM monitoring process of a quality of care clinical issue or a low level incident that has reoccurred at a rate exceeding community accepted medical standards.
  - c) Direct notification from an outside agent, member, or other provider to CRSA, the CRSA Peer Review Committee, or CRSA Medical Director of a situation that is appropriate for peer review.
  - d) Notification from any source regarding issues with the potential for an adverse outcome.
- 4) CRSA Peer Review will be conducted at least quarterly but, in emergent cases, an ad hoc meeting shall be called.
- 5) The CRSA Peer Review Committee Chair may delay review if the delay is determined by the Chair to be in the best interest of the review process. Delays are not to exceed forty-five (45) days unless exceptional circumstances arise. Examples for delays are:
  - a) The next scheduled peer review meeting is too soon to prepare for the review.
  - b) Absence of persons essential to the process.
  - c) Exceptional circumstances (e.g., awaiting autopsy reports).
- 6) CRSA Peer Review Committee process responsibilities include:
  - a) Based on the information received, making the decision to initiate the peer review process.
  - b) Acquiring relevant information, records, and statements.
  - c) Convening the Peer Review Committee and:
    - i) Safeguarding privacy and confidentiality;
    - ii) Providing for accurate documentation;



- iii) Allowing the provider under review to provide testimony (the provider's inability or refusal to attend shall neither limit nor hinder the peer review process from being conducted); and
  - iv) Assuring that attorneys will not be present during the peer review process.
- 7) Where a committee member is excused due to conflict of interest, that fact must be documented in the minutes.
- 8) The CRSA Peer Review Committee shall review the available facts of the incident and produce a Recommendation Report. The Peer Review Committee will provide a copy of the Report to the CRSA Executive Committee, the CRSA Quality Management Committee and, where the recommendation constitutes and appealable agency action, to the provider under review pursuant to A.R.S. § 41-1092(3), (4). The CRSA Medical Director will implement the CRSA Peer Review Committee's recommendations.
- 9) The Peer Review Recommendation Report produced by the CRSA Medical Director shall include:
  - a) Date of the peer review committee meeting;
  - b) Name, title, and specialty of committee members and external reviewers conducting the peer review;
  - c) The CRSA Identification number and specialty of the provider under review;
  - d) Brief description of incident under review;
  - e) Findings of fact and conclusions;
  - f) Recommendation(s) and, where appropriate, a timeframe for corrective action; and
  - g) For recommendations that constitute an appealable agency action as defined in A.R.S. § 41-1092(3), the report shall also include:
    - i) The provider's right to request a State Administrative Hearing under A.R.S. § 41-1092, et seq. and
    - ii) The manner in which a request for a State Administrative Hearing is filed under A.R.S. § 41-1092, et seq.
- 10) Peer Review Recommendation Reports may consist of, but are not limited to:
  - a) Letter of expressed concern (not an appealable agency action).
  - b) Letter of reprimand requiring corrective action (appealable agency action).
  - c) Termination of privileges from the CRS provider network (appealable agency action).
- 11) Where appropriate the CRSA Medical Director shall require that the CRS Contractor take corrective action regarding the provider under review based on the Peer Review Committee's recommendations.
- 12) The CRS Contractor shall submit evidence to the CRSA Medical Director of corrective action implementation within the Recommendation Report's timeframe.

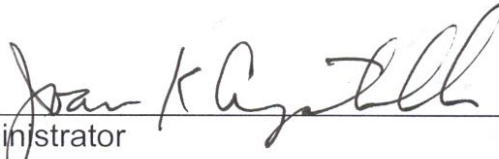
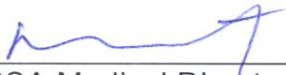
- 13) Where the CRS Contractor fails to implement recommended corrective action, CRSA may initiate corrective actions and/or sanctions against the Contractor.
- 14) The CRSA QMC will be notified of the CRSA Peer Review Committee's recommendations at the next regularly scheduled QMC meeting.
- 15) On a monthly basis, the CRSA QMC will monitor the CRS Contractor's implementation of corrective action(s) until the QMC determines the matter is closed/completed.
- 16) The CRSA Medical Director may make referrals to appropriate agencies, e.g., Child and Adult Protective Services and AHCCCS, for further investigation or action and notification to regulatory agencies or/and boards where the CRSA Peer Review Committee determines that the provider under review did not provide care according to the community standards. The regulatory agencies and/or boards may include, but are not limited to, hospital medical staff, credentialing entities, Arizona Medical Board, Arizona Board of Medical Examiners, Arizona Board of Dental Examiners, Arizona Board of Nursing, and National Practitioner Data Bank.

#### APPEALS:

- 1) If the peer review process results in an appealable agency action against a CRS provider, the provider may request a hearing.
  - a) Requests for hearing must be filed by the provider within thirty (30) days of the provider's receipt of the Recommendation Report.
  - b) Processes for scheduling a hearing will follow ADHS policies.
  - c) A provider may request a State Administrative Hearing on the CRSA Peer Review Recommendation Report if:
    - i) The provider files a written request for a State Administrative Hearing with CRSA no later than thirty (30) days after the date on which the provider received the written Peer Review Recommendation Report, or
    - ii) The CRSA Peer Review Committee does not render a written Recommendation Report within ninety (90) days after the issue is referred to the Committee as per PROCEDURES, Paragraph 3 of this policy and the provider files a written request for a State Administrative Hearing within one hundred twenty (120) days after the issue was referred to the Committee.
- 2) Denial of a Request for a State Administrative Hearing  
CRSA shall deny a request for hearing under A.R.S. § 41-1092, et seq., upon written determination that:
  - a) The request for hearing is untimely;
  - b) The request for hearing is not for an action permitted;
  - c) The provider waives the right to a hearing; or
  - d) The request for hearing is moot, as determined by ADHS based on the factual circumstances of the case.



- 3) Withdrawal of a Request for a State Administrative Hearing
- a) CRSA shall accept a written request for withdrawal from the provider if Office of Administrative Hearings (OAH) has not mailed a Notice of Hearing.
  - b) If a Notice of Hearing has been mailed, the provider shall forward the written request for withdrawal to the OAH.
- 4) Motion for Rehearing or Review
- Under A.R.S. § 41-1092.09, ADHS shall grant a rehearing or review for any of the following reasons materially affecting a provider's rights:
- a) Irregularity in the proceedings of a hearing that deprived a provider of a fair hearing.
  - b) Misconduct of the CRS Contractor, AHCCCS, OAH, or a party.
  - c) Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing.
  - d) The decision is the result of passion or prejudice.
  - e) The decision is not justified by the evidence or is contrary to law.
  - f) Good cause is established for the nonappearance of a party at the hearing.

Approved:	Date:
 _____ CRSA Administrator	<u>3/5/09</u> Date:
 _____ CRSA Medical Director	<u>3/4/09</u>

**CRSA PEER REVIEW COMMITTEE  
CONFIDENTIALITY AND CONFLICT OF INTEREST AGREEMENT**

I, \_\_\_\_\_, have been appointed by the Children's  
*Name of Reviewer*

Rehabilitative Services Administration (CRSA) to conduct Peer Review, which includes the reviewing of information and records containing patient-identifying information and other information deemed confidential pursuant to A.R.S. § 36-445.01 and A.R.S. Title 36, Chapter 25, Article 1. I therefore agree to:

1. *Only disclose patient-identifying information within the CRSA Peer Review Committee structure; and*
2. *Use any information obtained ONLY for carrying out the peer review described below.*

The purpose of the Peer Review Process is to contribute to the efficacy of CRSA delivery system through:

1. *An organized process of assessment, by professional peers, of the quality and appropriateness of the practices employed by CRS providers; and*
2. *The effective application of quality improvement opportunities so that the quality and appropriateness of services is continuously improved.*

I understand that I have a responsibility and an obligation to notify the CRSA Medical Director if a potential conflict of interest of fact or appearance exists, because I am:

- the provider who is under review;
- a provider affiliated with the practice of the provider under review;
- a family member or personal associate of the provider under review;
- in a direct financial relationship with the provider under review;
- directly affiliated with a competitor of the provider under review;
- an employee of the facility where the matter under review took place; or
- aware of any other reason that is a potential conflict of interest.

The review process, in part, is being conducted pursuant to the CRSA Policy Manual, QM 1.1 Peer Review Process, which requires review and evaluation of providers' professional actions related to care of CRS members, by a selected peer group.

\_\_\_\_\_  
Print Name of Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Name of Reviewer's Organization

\_\_\_\_\_  
Title

\_\_\_\_\_  
Specialty



**CRSA EXECUTIVE/QUALITY MANAGEMENT COMMITTEE  
CONFIDENTIALITY AND CONFLICT OF INTEREST AGREEMENT**

I, \_\_\_\_\_, have been appointed by the Children's

*Name of Committee Member*

Rehabilitative Services Administration (CRSA) to review the CRSA Peer Committee's Recommendation Report that contains patient-identifying information and other information deemed confidential by pursuant to A.R.S. § 36-445.01 and A.R.S. Title 36, Chapter 25, Article

1. I therefore agree to:

1. *Only disclose patient-identifying information within the Committee Meeting; and*
2. *Use any information obtained ONLY for carrying out the peer review described below.*

The purpose of the Peer Review Process is to contribute to the efficacy of CRSA delivery system through:

1. *An organized process of assessment, by professional peers, of the quality and appropriateness of the practices employed by CRS providers; and*
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- a family member or personal associate of the provider under review;
- in a direct financial relationship with the provider under review;
- directly affiliated with a competitor of the provider under review;
- an employee of the facility where the matter under review took place; or
- aware of any other reason that is a potential conflict of interest.

The review process, in part, is being conducted pursuant to the CRSA Policy Manual, QM 1.1 Peer Review Process, which requires review and evaluation of providers' professional actions related to care of CRS members, by a selected peer group.

\_\_\_\_\_  
Print Name of Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Committee Member

\_\_\_\_\_  
Title